

ANESTHESIA/SURGERY/TREATMENT CONSENT FORM

Owner's Name: _____ Home Phone: _____

Pet's Name: _____ Phone where you may be reached today: _____

Requested surgery or procedure(s): _____

IN-PATIENT QUESTIONNAIRE

1. Last food given the patient (time) _____ Last water given _____

2. Date of last vaccine: DHLPP: _____ FVRCP: _____

Rabies: _____ Bordetella: _____

Date of last Fecal Exam: _____

Date of last Heartworm Test: _____

(Pets that are overdue for vaccines are required to be made current during time of hospitalization.) To lessen risk of surgery for your cat, the FELV/FIV Test is highly recommended for all cats not currently vaccinated for the feline leukemia virus.

3. Does your pet show any signs of illness? _____

4. Is your pet taking any medication? _____

To lessen risks of anesthesia/surgical procedures all dogs over the age of 6 months must be current on heartworm testing and/or preventative medication.

5. List pet's past surgeries: _____

6. Has your pet had any previous reactions to anesthesia? Yes ☐ No ☐

7. List any behavioral concerns (biting, timidity, needing special handling, etc.) _____

8. _____

The hospital will not be responsible for any lost items.

AUTHORIZATION

I verify I am the owner (or Authorized agent for the owner) of the above named pet and authorize the above procedure to be performed. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian and understand that hospital personnel will be employed in the procedure(s) as directed by the veterinarian.

I have been advised as to the nature of this procedure to be performed and the risks involved. I understand also that there is always a risk associated with any anesthesia episode, even in apparently healthy animals and have discussed my concerns with the veterinarian. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgement. I accept responsibility for any result in additional charges.

I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from the hospital. I understand no staff will be attending to my pet overnight (pets needing special care may be referred to a 24 hour hospital).

Signature of Owner or Agent: _____ Date: _____

Signature of Witness: _____ Date: _____

Pain Meds: Yes ☐ No ☐ HW Meds: Yes ☐ No ☐ E-Collar: Yes ☐ No ☐ Flea Preventative: Yes ☐ No ☐